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UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X

Chapter 11

Case No.

In re:

CAFÉ AMORE OF N.Y. RESTAURANT, INC.

Debtor,

-----X

**DECLARATION OF FRANCO LAMOTTA, PRESIDENT OF DEBTOR,  
PURSUANT TO LOCAL RULE 1007-2**

Franco LaMotta declares the following to be true and correct, under the penalty of perjury, pursuant to 28 U. S. C. sect. 1746:

1. I am the President, Secretary and Treasurer of CAFÉ AMORE OF N.Y. RESTAURANT, INC. a corporation engaged in the business of operating a restaurant located at 104 E 14<sup>th</sup> Street New York, NY 10003. The Debtor is a privately owned business.
2. I am authorized to submit this declaration pursuant to Local Rule 1007-2 of this Court in support of the Debtor's petition for relief under chapter 11 of the Bankruptcy Code.

3. The debtor was constrained to file an emergency petition requesting relief under chapter 11 of the bankruptcy Code because a Creditor/ Landlord has commenced an eviction proceeding against the Debtor. Further, the Internal Revenue Service is threatening to seize its assets and has served a Notice of Intent to Levy upon the Debtor.
4. The Debtor was formed in April 12<sup>th</sup>, 2000 and operated profitably for over ten years. In 2010 the Debtor began experiencing financial difficulties due to several factors including (1) a food restaurant chain opened an establishment across from the debtor which initially had an adverse effect on its business. Additionally, the impact of the tough economy has had an impact on debtor's business.
5. The Debtor filed this chapter 11 proceeding to be afforded an opportunity to propose a plan of reorganization to repay its debts and restructure its business.

INFORMATION REQUIRED BY LOCAL RULE 1007

6. In addition to the foregoing, Local Rule 1007-2 requires certain information related to the Debtor, which is set forth below.

**Local Rule 1007-2 (a) (1)**

7. The Debtor is located at 104 E 14<sup>th</sup> Street New York, NY 1003.

**Local Rule 1007-2 (a) (2)**

8. This case was not originally commenced under Chapter 7 or 13 of Title 11 of the United States Code, 11 U. S. C. sect. 101, et seq. (the "Bankruptcy Code").

**Local Rule 1007-2 (a) (3)**

9. No committee was organized prior to the order for relief in the Chapter 11 case.

**Local Rule 1007-2 (a) (4).**

10. A list of the names and addresses of the Debtor's 20 largest unsecured claims, excluding those who would not be entitled to vote at a creditors' meeting and creditors who are "insiders" as the term is defined in 11 U. S. C. Section 101 (31) is annexed hereto as **Exhibit A**.

**Local Rule 1007-2 (a) (5)**

11. There are no secured creditors.

**Local Rule 1007-2 (a) (6)**

12. An estimated balance sheet is annexed hereto as **Exhibit "B"**.

**Local Rule 1007-2 (a) (7)**

13. There are no publicly held securities of the Debtor.

**Local Rule 1007-2 (a) (8)**

14. None of the Debtor's property is in the possession of any custodian, public officer, mortgagee, pledge, assignee of rents, or secured creditor, or any agent for such entity.

**Local Rule 1007-2 (a) (9)**

15. The Debtor operates its business from the leased premises located at 104 E 14<sup>th</sup> Street New York, NY 10003 pursuant to a lease agreement with Dewars Management, Co., Inc. The annual rental is approximately \$353,282.50 exclusive of real estate taxes.

**Local Rule 1007-2 (a) (10)**

16. The Debtor's primary assets consisting of restaurant equipment and furnishings which are located at 104 E 14<sup>th</sup> Street New York, NY 10003 and the location of its books and records is at the premises except for those books and records located at its accountant's ( Depietto CPA'S PC ) offices 1981 Marcus Avenue Suite C114 New Hyde Park, NY 11042. No assets are located outside the territory of the United States.

**Local Rule 1007-2 (a) (11)**

17. To the best of my knowledge, information and belief, there are no actions or proceedings pending or threatened against the Debtor or its property, where a judgment against the Debtor or the seizure of its property may be imminent, except for a Notice of Intent to Levy issued by the Internal Revenue Service on July 25<sup>th</sup>, 2011 and a pending eviction proceeding by the Landlord to evict the Debtor from the business premises based upon purported defaults under the lease agreement.

**Local Rule 1007-2 (a) (12)**

18. The Debtor's management consists of Franco LaMotta, President.

**Local Rule 1007-2 (b) (1) and (2)**

19. The Debtor's estimated weekly payroll to employees (exclusive of officers and directors) for a thirty (30) day period following the Chapter 11 petition is \$19,350.00



20. The Debtor's estimated weekly payroll and payments to officers, stockholders, and directors for a thirty (30) day period following the Chapter 11 petition is \$2,166.66

**Local Rule 1007-2 (b) (3)**

21. The estimated schedule of cash receipts and disbursements for a thirty (30) day period following the filing of the Chapter 11 petition, net cash gain or loss, obligations and receivables expected to accrue but remaining unpaid, other than professional fees is annexed hereto as **Exhibit "C"**

**INFORMATION REQUIRED BY BANKRUPTCY CODE SECTION 1116 (1) (A)**

22. The Debtor's most recent balance sheet is annexed hereto as **Exhibit "B"**.

23. The Debtor's most recent profit and loss statement is annexed hereto as **Exhibit "C"**.

24. The Debtor's most recent cash-flow statement is annexed hereto as **Exhibit "C"**.

25. The debtor's most recent tax return is annexed hereto as **Exhibit "D"**.

**CONCLUSION**

The Debtor believes that, given the opportunity, it will be able to propose, confirm and consummate a plan of reorganization that will be in the best interests of its estate and all of its creditors.

Executed on July 29, 2011

/s/Franco LaMotta  
Franco LaMotta

# EXHIBIT “A”

**EXHIBIT "A"**  
**TWENTY LARGEST "UNSECURED CREDITORS"**

<u>NAME</u>	<u>AMOUNT OWED</u>
INTERNAL REVENUE SERVICE PO BOX 21126 PHILADELPHIA, PA 19114	\$5,615.00
CON EDISON COOPER STREET STATION PO BOX 138 NEW YORK, NY 10276-0138	\$5,725.44
CHASE NATIONAL LEGAL PROCESSING 451 FLORIDA STREET, 3 <sup>rd</sup> FLOOR BATON ROUGE, LA 70886	\$26,107.63
US DEPARTMENT OF LABOR NY CITY DISTRICT OFFICE 26 FEDERAL PLAZA, SUITE 3700 NEW YORK, NY 10278-0109	\$48,806.82
IG SECOND GENERATION PARTNERS L.P & I BLDG CO. & DEVON MANAGEMENT CO., INC 52 VANDERBILT AVE. NEW YORK, NY 10017	\$197,000.00

## EXHIBIT “B”

**EXHIBIT "B"**  
**SUMMARY OF ESTIMATED ASSETS AND LIABILITIES OF**  
**CAFÉ AMORE OF N.Y. RESTAURANT, INC.**

**ASSETS:**

CASH	\$2,000.00
FURNITURE, FIXTURES & EQUIPMENT	\$239,430.00
INVENTORY	\$15,000.00
SECURITY DEPOSITS	<u>\$39,777.50</u>
 TOTAL ASSETS	 \$296,207.50

**LIABILITIES:**

ACCOUNTS PAYABLE	\$1,500.00
TAXES	\$54,421.82
UNSECURED CREDITORS	\$202,725.44
UNSECURED LOANS	<u>\$26,107.63</u>
 TOTAL LIABILITIES	 \$284,754.89

# EXHIBIT “C”

**EXHIBIT "C"**  
**SCHEDULE OF ESTIMATED CASH RECEIPTS AND**  
**DISBURSEMENTS FOR THIRTY DAY PERIOD FOLLOWING**  
**FILING OF THE CHAPTER 11 PETITION**

<u>INCOME</u>	<u>\$75,000.00</u>
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EXPENSES

PAYROLL FOR OFFICERS	\$2,166.66
PAYROLL AND RELATED TAXES	\$19,350.00
WORKMAN'S COMPENSATION INS.	\$967.50
OFFICE SUPPLIES	\$150.00
RENT	\$29,440.21
UTILITIES	\$3,000.00
COST OF GOODS	<u>\$19,887.50</u>
 TOTAL	 <u>\$74,961.87</u>
 NET PROFIT	 \$38.13

## EXHIBIT “D”



Form **1120**Department of the Treasury  
Internal Revenue Service**U.S. Corporation Income Tax Return**For calendar year 2010 or tax year beginning Apr 1, 2010, ending Mar 31, 2011

OMB No. 1545-0123

**2010**

► See separate instructions.

<b>A Check if:</b> <b>1 a</b> Consolidated return (attach Form 851) <input type="checkbox"/> <b>b</b> Life/nonlife consolidated return <input type="checkbox"/> <b>2</b> Personal holding co (attach Sch PH) <input type="checkbox"/> <b>3</b> Personal service corp (see instr) <input type="checkbox"/> <b>4</b> Schedule M-3 attached <input type="checkbox"/>	<b>Print or Type</b>	<b>Name</b> <b>CAFE AMORE OF N.Y. RESTAURANT INC.</b> Number, street, and room or suite number. If a P.O. box, see instructions. <b>104 EAST 14TH STREET</b> City or town State ZIP code <b>NEW YORK NY 10003</b>	<b>B Employer identification number</b> <b>13-4142231</b> <b>C Date incorporated</b> <b>04/12/2000</b> <b>D Total assets (see instructions)</b> <b>\$ 241,083.</b>
		<b>E Check if:</b> (1) Initial return (2) Final return (3) Name change (4) Address change	

<b>I N C O M E</b>	1 a	Gross receipts or sales <b>707,229.</b>	b	Less returns & allowances	c	Balance		1c	707,229.
	2	Cost of goods sold (Schedule A, line 8)						2	155,972.
	3	Gross profit. Subtract line 2 from line 1c						3	551,257.
	4	Dividends (Schedule C, line 19)						4	
	5	Interest						5	
	6	Gross rents						6	
	7	Gross royalties						7	
	8	Capital gain net income (attach Schedule D (Form 1120))						8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)						9	
	10	Other income (see instructions — attach schedule)						10	
	11	<b>Total income.</b> Add lines 3 through 10						11	551,257.
<b>D E D U C T I O N S  S E E  I N S T R U C T I O N S</b>	12	Compensation of officers (Schedule E, line 4)						12	37,700.
	13	Salaries and wages (less employment credits)						13	102,693.
	14	Repairs and maintenance						14	
	15	Bad debts						15	
	16	Rents						16	303,756.
	17	Taxes and licenses						17	86,067.
	18	Interest						18	310.
	19	Charitable contributions						19	
	20	Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)						20	13,668.
	21	Depletion						21	
	22	Advertising						22	
	23	Pension, profit-sharing, etc, plans						23	
	24	Employee benefit programs						24	
	25	Domestic production activities deduction (attach Form 8903)						25	
	26	Other deductions (attach schedule) . See Other Deductions Statement.						26	114,639.
	27	<b>Total deductions.</b> Add lines 12 through 26						27	658,833.
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11						28	-107,576.
	<b>T A X  R E F U N D A B L E  P A Y M E N T S  C R E D I T S</b>	29	<b>Less:</b> a Net operating loss deduction (see instructions)	29a					29c
		b Special deductions (Schedule C, line 20)	29b						
30		<b>Taxable income.</b> Subtract line 29c from line 28 (see instructions)						30	-107,576.
31		<b>Total tax</b> (Schedule J, line 10)						31	
32a		2009 overpayment credited to 2010	32a						
b		2010 estimated tax payments	32b						
c		2010 refund applied for on Form 4466	32c						
d		Tax deposited with Form 7004	32d						
e		Credits: (1) Form 2439 (2) Form 4136	32e						
f		Refundable credits from Form 3800, line 19c, and Form 8827, line 8c	32f					32h	
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached						33		
34	<b>Amount owed.</b> If line 32h is smaller than the total of lines 31 and 33, enter amount owed						34		
35	<b>Overpayment.</b> If line 32h is larger than the total of lines 31 and 33, enter amount overpaid						35		
36	Enter amount from line 35 you want: Credited to 2011 estimated tax						36		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer _____ Date _____	Title <b>PRESIDENT</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Joseph DePietto CPA</b>	Preparer's signature _____	Date <b>08/01/11</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00234722</b>
	Firm's name ► <b>DEPIETTO CPA PC</b>	Firm's EIN ► <b>11-3045092</b>			
	Firm's address ► <b>1981 MARCUS AVE STE C114 NEW HYDE PARK NY 11042-1032</b>	Phone no. <b>(516) 326-9200</b>			

**Schedule A Cost of Goods Sold** (see instructions)

1	Inventory at beginning of year	1	20,100.
2	Purchases	2	150,872.
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	<b>Total.</b> Add lines 1 through 5	6	170,972.
7	Inventory at end of year	7	15,000.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2	8	155,972.

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost(ii) ☐ Lower of cost or market(iii) ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

9d

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation?

☐ Yes☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation

☐ Yes☐ No**Schedule C Dividends and Special Deductions** (see instructions)

	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 <b>Total.</b> Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 <b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4			
20 <b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

**Schedule E Compensation of Officers** (see instructions for page 1, line 12)**Note:** Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

1 Name of officer	(a) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
FRANCO LAMOTTA	111-68-1525	33.0 %	100.0 %	%	37,700.
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2 <b>Total compensation of officers</b>					37,700.
3 <b>Compensation of officers claimed on Schedule A and elsewhere on return</b>					
4 <b>Subtract line 3 from line 2. Enter the result here and on page 1, line 12</b>					37,700.

Form 1120 (2010)

**Schedule J Tax Computation** (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input type="checkbox"/>	
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2
3	Alternative minimum tax (attach Form 4626)		3
4	Add lines 2 and 3		4
5a	Foreign tax credit (attach Form 1118)	5a	
5b	Credit from Form 8834, line 29	5b	
5c	General business credit (attach Form 3800)	5c	
5d	Credit for prior year minimum tax (attach Form 8827)	5d	
5e	Bond credits from Form 8912	5e	
6	<b>Total credits.</b> Add lines 5a through 5e		6
7	Subtract line 6 from line 4		7
8	Personal holding company tax (attach Schedule PH (Form 1120))		8
9	Other taxes. <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 Check if from: <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (att schedule)		9
10	<b>Total tax.</b> Add lines 7 through 9. Enter here and on page 1, line 31		10

**Schedule K Other Information** (see instructions)

1	Check accounting method a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 722210		
b	Business activity ▶ RETAIL		
c	Product or service ▶ FAST FOOD		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own, directly 20% or more, or own directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If 'Yes,' complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions		X
	If 'Yes,' complete (i) through (iv)		

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

**Schedule K** *Continued*

- b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership see instructions ..... **X**
- If 'Yes,' complete (i) through (iv)

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

- 6** During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) ..... **X**
- If 'Yes,' file **Form 5452**, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary

- 7** At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of **(a)** the total voting power of all classes of the corporation's stock entitled to vote or **(b)** the total value of all classes of the corporation's stock? ..... **X**
- For rules of attribution see section 318. If 'Yes,' enter:

**(i)** Percentage owned ▶ \_\_\_\_\_ and **(ii)** Owner's country ▶ \_\_\_\_\_

**(c)** The corporation may have to file **Form 5472**, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ \_\_\_\_\_

- 8** Check this box if the corporation issued publicly offered debt instruments with original issue discount ..... ☐
- If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.

- 9** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ \_\_\_\_\_

- 10** Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ \_\_\_\_\_

- 11** If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ..... ☐
- If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

- 12** Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) ▶ \$ 177,857.

- 13** Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year **and** its total assets at the end of the tax year less than \$250,000? ..... **X**

If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 on page 5. Instead, enter the total amount of cash distributions and the book value property distributions (other than cash) made during the tax year. ▶ \$ \_\_\_\_\_

- 14** Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? ..... **X**
- If 'Yes,' complete and attach Schedule UTP.

Form 1120 (2010)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash .....		705.		0.
2a	Trade notes and accounts receivable .....				
b	Less allowance for bad debts .....				
3	Inventories .....		20,100.		15,000.
4	U.S. government obligations .....				
5	Tax-exempt securities (see instructions) .....				
6	Other current assets (attach schedule) .. Ln. 6. Stmt .....		0.		
7	Loans to shareholders .....				
8	Mortgage and real estate loans .....				
9	Other investments (attach schedule) .....				
10a	Buildings and other depreciable assets .....	380,000.		380,000.	
b	Less accumulated depreciation .....	140,249.	239,751.	153,917.	226,083.
11a	Depletable assets .....				
b	Less accumulated depletion .....				
12	Land (net of any amortization) .....				
13a	Intangible assets (amortizable only) .....				
b	Less accumulated amortization .....				
14	Other assets (attach schedule) .....				
15	Total assets .....		260,556.		241,083.
Liabilities and Shareholders' Equity					
16	Accounts payable .....				
17	Mortgages, notes, bonds payable in less than 1 year .....				
18	Other current liabilities (attach sch) .. Ln. 18. Stmt .....		57,503.		95,606.
19	Loans from shareholders .....		87,554.		137,554.
20	Mortgages, notes, bonds payable in 1 year or more .....				
21	Other liabilities (attach schedule) .....				
22	Capital stock: a Preferred stock .....				
b	Common stock .....	240,000.	240,000.	240,000.	240,000.
23	Additional paid-in capital .....				
24	Retained earnings — Approp (att sch) .....				
25	Retained earnings — Unappropriated .....		-124,501.		-232,077.
26	Adjmnt to shareholders' equity (att sch) .....				
27	Less cost of treasury stock .....				
28	Total liabilities and shareholders' equity .....		260,556.		241,083.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions

1	Net income (loss) per books .....	-107,576.	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ .....	
2	Federal income tax per books .....				
3	Excess of capital losses over capital gains .....				
4	Income subject to tax not recorded on books this year (itemize): .....				
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation .. \$ ..... b Charitable contributions .. \$ ..... c Travel & entertainment .. \$ ..... .....		8	Deductions on this return not charged against book income this year (itemize): a Depreciation .. \$ ..... b Charitable contribns \$ ..... .....	
6	Add lines 1 through 5 .....	-107,576.	9	Add lines 7 and 8 .....	
			10	Income (page 1, line 28) — line 6 less line 9 .....	-107,576.

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year .....	-124,501.	5	Distributions .....	a Cash .....
2	Net income (loss) per books .....	-107,576.			b Stock ..... c Property ..
3	Other increases (itemize): .....		6	Other decreases (itemize): .....	
			7	Add lines 5 and 6 .....	
4	Add lines 1, 2, and 3 .....	-232,077.	8	Balance at end of year (line 4 less line 7) .....	-232,077.

**SCHEDULE G**  
**(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Information on Certain Persons Owning the  
Corporation's Voting Stock**

► Attach to Form 1120.

► See instructions.

OMB No. 1545-0123

**2010**

Name

CAFE AMORE OF N.Y. RESTAURANT INC.

Employer identification number (EIN)

13-4142231

**Part I Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a).

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

**Part II Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b).

Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
FRANCO LAMOTTA	111-68-1525	United States	100.00



Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2010**Attachment  
Sequence No. **67**

Name(s) shown on return

CAFE AMORE OF N.Y. RESTAURANT INC.

Identifying number

13-4142231

Business or activity to which this form relates

Form 1120 Line 20

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	13,668.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B — Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C — Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	13,668.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD102812 10/29/10

Form **4562** (2010)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? . . . . .									Yes	No	24b If 'Yes,' is the evidence written? . . . . .									Yes	No
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)													
Type of property (list vehicles first)	Date placed in service	Business/investment use percentage	Cost or other basis	Basis for depreciation (business/investment use only)	Recovery period	Method/Convention	Depreciation deduction	Elected section 179 cost													
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							25														
26 Property used more than 50% in a qualified business use:																					
27 Property used 50% or less in a qualified business use:																					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .																	28				
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .																	29				

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)	(b)	(c)	(d)	(e)	(f)
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .						
31 Total commuting miles driven during the year . . . . .						
32 Total other personal (noncommuting) miles driven . . . . .						
33 Total miles driven during the year. Add lines 30 through 32 . . . . .						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours? . . . . .						
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
36 Is another vehicle available for personal use? . . . . .						

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a)	(b)	(c)	(d)	(e)	(f)
Description of costs	Date amortization begins	Amortizable amount	Code section	Amortization period or percentage	Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions):					
43 Amortization of costs that began before your 2010 tax year . . . . .					43
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					44





## Alternative Minimum Tax Depreciation Report

CAFE AMORE OF N.Y. RESTAURANT INC.

Tax Year 2010

Form 1120 - Line 20

- Keep for your records

2010

13-4142231

[illegible]

**Code:** S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

FDIV3701 12/15/10

Page 1 of 1

Form 1120, Page 1, Line 26

**Other Deductions Statement**

ACCOUNTING	3,600.
BANK CHARGES	356.
CREDIT AND COLLECTION COSTS	5,578.
EQUIPMENT RENT	816.
INSURANCE	7,076.
MISCELLANEOUS	330.
OUTSIDE SERVICES	213.
TELEPHONE	4,134.
UTILITIES	78,518.
WATER	14,018.
Total	<u>114,639.</u>

Form 1120, Page 5, Schedule L, Line 6

**Ln 6 Stmt**

<b>Other Current Assets:</b>	Beginning of tax year	End of tax year
PAYROLL TAXES RECEIVABLE	0.	
Total	<u>0.</u>	

Form 1120, Page 5, Schedule L, Line 18

**Ln 18 Stmt**

<b>Other Current Liabilities:</b>	Beginning of tax year	End of tax year
BANK OVERDRAFT	0.	38,427.
LINE OF CREDIT PAYABLE	41,750.	41,750.
PAYROLL LIABILITIES	12,543.	11,024.
SALES TAX PAYABLE	3,210.	4,405.
Total	<u>57,503.</u>	<u>95,606.</u>

**Supporting Statement of:**

Form 1120, p1-2/Line 17C

Description	Amount
FICA EXPENSE	11,175.
FUI EXPENSE	621.
MTA TAX EXPENSE	500.
SUI EXPENSE	1,358.
Total	<u>13,654.</u>

CAFE AMORE OF N.Y. RESTAURANT INC. 13-4142231

Form 1120, p1-2: U.S. Corporation Income Tax Return

### Salaries and Wages Smart Worksheet

<b>A</b>	Salaries and wages .....	102,693.
<b>B</b>	Less employment credits:	
	Work opportunity credit (Form 5884) .....	
	Empowerment zone employment credit (Form 8844) .....	
	Indian employment credit (Form 8845) .....	
	Other credits .....	
	<b>Total employment credits</b> .....	




Form 1120, p1-2: U.S. Corporation Income Tax Return

### Taxes and Licenses Smart Worksheet

<b>A1</b>	State taxes .....	500.
<b>2</b>	State taxes from Schedule K-1 (1065) .....	
<b>B</b>	Local property taxes .....	68,462.
<b>C1</b>	Payroll taxes .....	13,654.
<b>2</b>	Less: Credit from Form 8846 .....	
<b>D</b>	Other miscellaneous taxes .....	
<b>E</b>	Licenses .....	3,451.
<b>F</b>	Other taxes from Schedule K-1 (1065) .....	

Form 1120, p1-2: U.S. Corporation Income Tax Return

### Depreciation Smart Worksheet

<b>A</b>	To enter assets, <b>QuickZoom</b> to Asset Entry Worksheet .....	
<b>B</b>	To view a calculated report of all depreciation information, <b>QuickZoom</b> to Depreciation Reports .....	
<b>C</b>	<b>QuickZoom</b> to Form 4562 .....	
	Total Depreciation .....	13,668.
	Depreciation claimed on Schedule A and elsewhere on return .....	

Form 1120, p3-5: U.S. Corporation Income Tax Return

### Book Depreciation/Amortization Options Smart Worksheet

<b>A</b>	<input checked="" type="checkbox"/> Check if book depreciation equals tax depreciation. Otherwise, enter book depreciation expense here .....	
<b>B</b>	<input checked="" type="checkbox"/> Check if book amortization equals tax amortization. Otherwise, enter book amortization expense here .....	

2010

CT-4

Staple forms here

New York State Department of Taxation and Finance

# General Business Corporation Franchise Tax Return Short Form

Tax Law – Article 9-A

All filers must enter tax period:

Final return ☐  
(see the instructions)

Amended return ☐beginning ☐ 04-01-10 ending ☐ 03-31-11

Employer identification number

File number

Business telephone number

☐ 13-4142231 ☐ AA3 212-420-8287

If you claim an  
overpayment, mark  
an X in the box

Legal name of corporation

CAFE AMORE OF N.Y. RESTAURANT INC

Trade name/DBA

Mailing name (if different from legal name above)

c/o

Number and street or PO box

104 EAST 14TH STREET

City

NEW YORK

State ZIP code

NY 10003

State or country of  
incorporation

NY

Date received (for Tax Department use only)

Date of incorporation

04-12-00

Foreign corporations: date  
began business in NYS

NAICS business code no. (from fed return)

☐ 722210

If address/phone  
above is new,  
mark an  
X in the box ☐

Audit (for Tax Department use only)

Principal business  
activity

RETAIL

If you need to update your address or phone information for  
corporation tax, or other tax types, you can do so online.  
Visit our Web site at [www.nystax.gov](http://www.nystax.gov) and look for the  
change my address option. Otherwise, see *Business*  
information in Form CT-1.

See Form CT-3/4-I, *Instructions for Forms CT-4, CT-3, and CT-3-ATT*, before completing this return.**Metropolitan transportation business tax (MTA surcharge)**

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the  
Metropolitan Commuter Transportation District (MCTD)? If **Yes**, you must file Form CT-3M/4M. The **MCTD**  
**includes** the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam,  
Rockland, Suffolk, and Westchester. (mark an X in the appropriate box)

Yes ☐ X No ☐

Payment enclosed

A. Pay amount shown on line 43. Make check payable to: **New York State Corporation Tax**

Attach your payment here. Detach all check stubs. (See *instructions for details*.)

☐ A. 500.B. Federal return filed (you must mark an X in one): **Attach a complete copy of your federal return.**

Form 1120 • X Form 1120-H

Other: •

Consolidated basis • Form 1120S •

C. If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach  
Form CT-60-QSSS ☐

D. Have you underreported your tax due on past returns? To correct without penalty, visit us at [www.nystax.gov](http://www.nystax.gov).

E. Did the entity have an interest in real property located in New York State during the last 3 years?  
(mark an X in the appropriate box)

Yes • No • X

F. Has there been a transfer or acquisition of controlling interest in the entity during the last 3 years?  
(mark an X in the appropriate box)

Yes • No • X

(continued)

NYCA1312 11/08/10

44601101030

CAFE AMORE OF N.Y. RESTAURANT INC.

13-4142231

**Computation of entire net income (ENI) base** (see instructions)

1	Federal taxable income (FTI) before net operating loss (NOL) & special deductions	• 1.	-107,576.
2	Interest on federal, state, municipal, and other obligations not included on line 1 (see instrs)	• 2.	
3	Interest paid to a corporate stockholder owning more than 50% of issued and outstanding stock	• 3.	
4	New York State and other state and local taxes deducted on your federal return (see instrs)	• 4.	500.
5	Federal depreciation from Form CT-399, if applicable (see instructions)	• 5.	
6	Add lines 1 through 5	• 6.	-107,076.
7	New York net operating loss deduction (NOLD) (attach federal & New York State computations)	• 7.	
8	Allowable New York State depreciation from Form CT-399, if applicable (see instructions)	• 8.	
9	Refund or credit of certain taxes (see instructions)	• 9.	
10	Total subtractions (add lines 7 through 9)	• 10.	
11	ENI base (subtract line 10 from line 6; show loss with a minus (-) sign; enter here and on line 21)	• 11.	-107,076.
12	ENI base tax (multiply line 11 by the appropriate rate from the Tax rates schedule in the Form CT-3/4-I instructions; enter here and on line 28)	• 12.	0.

**Computation of capital base** (enter whole dollars for lines 13 through 18; see instructions)

	A Beginning of year	B End of year	C Average value
13	Total assets from federal return • 260,556. •	241,083. •	250,820.
14	Real property and marketable securities included on line 13	•	
15	Subtract line 14 from line 13	241,083. •	250,820.
16	Real property and marketable securities at fair market value	•	
17	Adjusted total assets (add lines 15 and 16)	241,083. •	250,820.
18	Total liabilities	233,160. •	189,109.
19	Capital base (subtract line 18, column C, from line 17, column C)	• 19.	61,711.
20	Capital base tax (see instructions)	• 20.	93.

**Computation of minimum taxable income (MTI) base**

21	ENI base from line 11	21.	-107,076.
22	Depreciation of tangible property placed in service after 1986 (see instructions)	• 22.	0.
23	New York NOLD from line 7	• 23.	
24	Total (add lines 21 through 23)	24.	-107,076.
25	Alternative net operating loss deduction (ANOLD) (see instructions)	• 25.	
26	MTI base (subtract line 25 from line 24)	• 26.	-107,076.
27	Tax on MTI base (multiply line 26 by 1.5% (.015); see instructions)	• 27.	0.

**Computation of tax** (continued on page 3)

28	Tax on ENI base from line 12	• 28.	0.
29	Tax on capital base from line 20 (see instructions)	• 29.	93.

	New small business: First year • Second year •	• 29.	93.
30	Fixed dollar minimum tax (See Table 7 in the Tax rates schedule in the Form CT-3/4-I instructions. You must enter an amount on line 31; see instructions)	• 30.	500.
31	New York receipts (see instructions) • 31.	727,229.	

32	Tax due (amount from line 27, 28, 29, or 30, whichever is largest; see instructions for exception)	■ 32.	500.
----	--	-------	------

**First installment of estimated tax for next period:**

33a	If you filed a request for extension, enter amount from Form CT-5, line 2	• 33a.	
33b	If you did not file Form CT-5 and line 32 is over \$1,000, see instructions	■ 33b.	
34	Add line 32 and line 33a or 33b	34.	500.
35	Total prepayments from line 54	• 35.	
36	Balance (subtract line 35 from line 34; if line 35 is more than line 34, enter 0)	36.	500.

CAFE AMORE OF N.Y. RESTAURANT INC.

13-4142231

**Computation of tax** (continued from page 2)

37	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached)	•	37.	0.
38	Interest on late payment (see instructions)	•	38.	
39	Late filing and late payment penalties (see instructions)	•	39.	
40	Balance (add lines 36 through 39)		40.	500.

**Voluntary gifts/contributions** (see instructions):

41a	Amount for Return a Gift to Wildlife	■	41a.	
41b	Amount for Breast Cancer Research and Education Fund	■	41b.	
41c	Amount for Prostate Cancer Research, Detection, and Education Fund	■	41c.	
41d	Amount for 9/11 Memorial	■	41d.	
41e	Amount for Volunteer Firefighting & EMS Recruitment Fund	■	41e.	
42	Total (add lines 34, 37, 38, 39, and 41a through 41e)		42.	500.
43	Balance due (if line 35 is less than 42, subtract line 35 from line 42 and enter here. This is the amount due; enter the payment amount on line A on page 1)	■	43.	500.
44	Overpayment (if line 35 is more than line 42, subtract line 42 from line 35. This is your overpayment; enter here and see instructions)		44.	0.
45	Amount of overpayment to be credited to next period	■	45.	
46	Balance of overpayment (subtract line 45 from line 44)	•	46.	0.
47	Amount of overpayment to be credited to Form CT-3M/4M	•	47.	
48	Refund of overpayment (subtract line 47 from line 46)	■	48.	0.

**Composition of prepayments on line 35** (see instructions)

	Date paid	Amount
49	Mandatory first installment	49. 06-15-10 0.
50a	Second installment from Form CT-400	50a.
50b	Third installment from Form CT-400	50b.
50c	Fourth installment from Form CT-400	50c.
51	Payment with extension request from Form CT-5, line 5	51.
52	Overpayment credited from prior years	Period 52.
53	Overpayment credited from Form CT-3M/4M	Period 53.
54	Total prepayments (add lines 49 through 53; enter here and on line 35)	54. 0.

**Interest paid to shareholders**

55	Did this corporation make any payments treated as interest in the computation of ENI to shareholders owning directly or indirectly, individually or in the aggregate, more than 50% of the corporation's issued and outstanding capital stock? (mark an X in the appropriate box) If Yes, complete the following and lines 56 through 59 (attach additional sheets if necessary)	55.	Yes •	No •	X
	Shareholder's name	SSN or EIN			
56	Interest paid to shareholder	•	56.		
57	Total indebtedness to shareholder described above	•	57.		
58	Total interest paid	•	58.		
59	Is there written evidence of the indebtedness? (mark an X in the appropriate box)	59.	Yes •	No •	

**Corporations organized outside New York State only****Capital stock issued and outstanding:**

60	Number of par shares	\$	Value
61	Number of no-par shares	\$	Value



CAFE AMORE OF N.Y. RESTAURANT INC. 13-4142231

<b>62</b>	Total receipts entered on your federal return	• <b>62.</b>	707,229.
<b>63</b>	Interest deducted in computing FTI (see instructions)	• <b>63.</b>	310.
<b>64</b>	Depreciable assets and land entered on your federal return	• <b>64.</b>	226,083.

**65** If the Internal Revenue Service (IRS) has completed an audit of any of your returns within the last five years, list years:

**66** If you are a member of an affiliated federal group, enter primary corporation name and EIN:

Name	EIN
•	•

**67** If you are more than 50% owned by another corporation, enter parent corporation name and EIN:

Name	EIN
•	•

**68** Are you claiming small business taxpayer status for lower ENI tax rates? (see Small business taxpayer definition in the Form CT-3/4-I instrs; mark an X in appropriate box)

<b>68.</b>	Yes	•	X	No	•
------------	-----	---	---	----	---

**69** If you marked Yes on line 68, enter total capital contributions (see wks in instrs)

• <b>69.</b>	240,000.
--------------	----------

**70** Are you claiming qualified New York manufacturer status for lower capital base tax limitation? (see instructions; mark an X in the appropriate box)

<b>70.</b>	Yes	•	No	X
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**71** Are you claiming qualified New York manufacturer status for lower ENI tax rates? (see instructions; mark an X in the appropriate box)

<b>71.</b>	Yes	•	No	X
------------	-----	---	----	---

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination	•	If marked, enter date of determination:	•
Net operating loss (NOL) carryback	•	Capital loss carryback	•
Federal return filed	Form 1139 •	Form 1120X	•

**Net operating loss (NOL) information**

New York State NOL carryover total available for use this tax year from all prior tax years	•	175,943.
Federal NOL carryover total available for use this tax year from all prior tax years	•	177,857.
New York State NOL carryforward total for future tax years	•	283,019.
Federal NOL carryforward total for future tax years	•	285,433.

**Third-party designee** Yes ☒ No

(see instrs) Designee's name Designee's phone number PIN

Designee's e-mail address

**Certification:** I certify that this document and any attachments are to the best of my knowledge and belief true, correct, and complete.

**Authorized person** Signature of authorized person Official title **PRESIDENT**

<b>Paid preparer use only</b> (see instr.)	E-mail address of authorized person	Firm's name (or yours if self-employed)	Firm's EIN	Date
		<b>DEPIETTO CPA PC</b>	<b>11-3045092</b>	<b>P00234722</b>
	Signature of individual preparing this return	Address	City	State ZIP code
		<b>1981 MARCUS AVE STE</b>	<b>NEW HYDE PAR</b>	<b>NY 11042-1032</b>
	E-mail address of individual preparing this return	Preparer's NYTPRIN	Date	
	<b>JDEPIETTO@DEPIETTOCPAS.COM</b>		<b>08-01-11</b>	

See instructions for where to file.

2010

## CT-3M/4M

Staple forms here

New York State Department of Taxation and Finance

General Business Corporation  
MTA Surcharge Return

Tax Law — Article 9-A, Section 209-B

All filers must enter tax period:

Amended return

beginning 04-01-10 ending 03-31-11

Employer identification number

File number

Business telephone number

13-4142231

AA3

212-420-8287

If you claim an  
overpayment, mark  
an X in the box

Legal name of corporation

CAFE AMORE OF N.Y. RESTAURANT IN

Trade name/DBA

Mailing name (if different from legal name)

State or country of incorporation

Date received (for Tax Dept use only)

c/o

NY

Number and street/PO box

Date of incorporation

104 EAST 14TH STREET

04-12-00

City

State ZIP code

Foreign corporations: date began  
business in NYS

NEW YORK

NY 10003

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. Visit our Web site at [www.nystax.gov](http://www.nystax.gov) and look for the change my address option. Otherwise, see *Business information* in Form CT-1.

If you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District (MCTD), you must file this form. If not, you do not have to file this form. However, you must disclaim liability for the MTA surcharge on Form CT-3, CT-3-A, or CT 4. The MCTD includes the counties of New York, Bronx, Kings, Queens, Richmond, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.

**A** Pay amount shown on line 12. Make payable to: **New York State Corporation Tax**

Payment enclosed

Attach your payment here. Detach all check stubs. (See instructions for details.)

**A.** 85.

## Computation of MTA surcharge

1 Net New York State franchise tax (see Form CT-3M/4M-I, Instructions for Form CT-3M/4M)

**1.** 500.

2 MCTD allocation percentage from line 35, line 43, or line 45

**2.** 100.0000 %

3 Allocated franchise tax (multiply line 1 by line 2)

**3.** 500.

4 MTA surcharge (multiply line 3 by 17% (.17))

**4.** 85.

## First installment of estimated tax for next period:

5a If you filed a request for extension, enter amount from Form CT-5, line 7, or CT-5.3, line 10

**5a.** 0.

b If you did not file Form CT-5 or CT-5.3, see instructions

**5b.** 85.

6 Add lines 4 and line 5a or 5b

**6.** 0.

7 Total prepayments from line 52

**7.** 85.

8 Balance (if line 7 is less than line 6, subtract line 7 from line 6)

**8.** 0.

9 Estimated tax penalty (see instrs; mark an X in the box if Form CT-222 is attached)

**9.** 0.

10 Interest on late payment (see instructions for Form CT-3, CT-3-A, or CT-4)

**10.** 85.

11 Late filing and late payment penalties (see instructions for Form CT-3, CT-3-A, or CT-4)

**11.** 85.

12 Balance due (add lines 8 through 11 and enter here; enter the payment amount on line A above)

**12.** 85.

13 Overpayment (if line 6 is less than line 7, subtract line 6 from line 7; enter here and see instructions)

**13.**

14 Amount of overpayment to be credited to New York State franchise tax

**14.**

15 Amount of overpayment to be credited to MTA surcharge for next period

**15.**

16 Amount of overpayment to be refunded

**16.**

## Schedule A — Computation of MCTD allocation percentage

## Schedule A, Part 1 — MCTD allocation (see instructions)

Average value of property (see instructions)

A  
MCTDB  
New York State

17 Real estate owned 17.

18 Real estate rented 18.

19 Inventories owned 19.

20 Tangible personal property owned 20.

21 Tangible personal property rented 21.

22 Total (add lines 17 through 21) 22.

23 MCTD property factor (divide line 22, column A, by line 22, column B)

23. %

NYCA0912 11/19/10

(continued)

43901101030

CAFE AMORE OF N.Y. RESTAURANT INC.

13-4142231

**Receipts in the regular course of business from:**

24	Sales of tangible personal property allocated to the MCTD	24.		
25	Sales of tangible personal property allocated to New York State	25.		
26	Services performed	26.		
27	Rentals of property	27.		
28	Royalties	28.		
29	Other business receipts	29.		
30	Total (add lines 24 through 29)	• 30.	•	
31	MCTD receipts factor (divide line 30, column A, by line 30, column B)		• 31.	%
32	Payroll – Wages and other compensation of employees except general executive officers	• 32.	•	
33	MCTD payroll factor (divide line 32, column A, by line 32, column B)		• 33.	%
34	Total MCTD factors (add lines 23, 31, and 33)		34.	%
35	MCTD allocation percentage (divide line 34 by three or by the number of factors; enter here and on line 2)		• 35.	%

**Schedule A, Part 2 – Computation of MCTD allocation for aviation corporations** (see instructions)A  
MCTDB  
New York State

36	Revenue aircraft arrivals and departures	• 36.	•	
37	MCTD percentage (divide line 36, column A, by line 36, column B)		• 37.	%
38	Revenue tons handled	• 38.	•	
39	MCTD percentage (divide line 38, column A, by line 38, column B)		• 39.	%
40	Originating revenue	• 40.	•	
41	MCTD percentage (divide line 40, column A, by line 40, column B)		• 41.	%
42	Total (add lines 37, 39, and 41)		42.	%
43	MCTD allocation percentage (divide line 42 by three; enter here and on line 2)		• 43.	%

**Schedule A, Part 3 – Computation of MCTD allocation for trucking and railroad corporations** (see instructions)A  
MCTDB  
New York State

44	Revenue miles	• 44.	•	
45	MCTD allocation percentage (divide line 44, column A, by line 44, column B; enter here and on line 2)		• 45.	%

**Composition of prepayments claimed on line 7** (see instructions)Date paid  
06-15-10

Amount

46	Mandatory first installment	46.		0.
47a	Second installment from Form CT-400	47a.		
47b	Third installment from Form CT-400	47b.		
47c	Fourth installment from Form CT-400	47c.		
48	Payment with extension request from Form CT-5, line 10, or Form CT-5.3, line 13	48.		
49	Overpayment credited from prior years		49.	
50	Add lines 46 through 49		50.	0.
51	Overpayment credited from Form CT- Period		51.	
52	Total prepayments (add lines 50 and 51; enter here and on line 7)		52.	0.

 Third-party designee (see instrs) Yes ☒ No

Designee's name

Designee's e-mail address

Designee's phone number

PIN

**Certification:** I certify that this document and any attachments are to the best of my knowledge and belief true, correct, and complete.**Authorized person**

Signature of authorized person

Official title

PRESIDENT

E-mail address of authorized person

Date

Paid preparer use only

Firm's name (or yours if self-employed)

DEPIETTO CPA PC

Firm's EIN

11-3045092

Preparer's PTIN or SSN

P00234722

Signature of individual preparing this return

Address

City

State

ZIP Code

1981 MARCUS AVE STE NEW HYDE PAR NY 11042-1032

E-mail address of individual preparing this return

JDEPIETTO@DEPIETTOCPAS.COM

Preparer's NYTPRIN

Date

08-01-11

See instructions for where to file.

NYCA0912 11/19/10

43902101030

Form CT-3 line 13  
Form CT-4 line 7

**Net Operating Loss Deduction**

**2010**  
**Statement 1**

Name  
CAFE AMORE OF N.Y. RESTAURANT INC.

Employer Identification Number  
13-4142231

**2, 3, 4, and 5 year carryback, twenty year carryover**

<b>NOL Carryover Year</b>	<b>A Carryover</b>	<b>B Less Carrybacks/ Carryovers</b>	<b>C Adjusted Carryover</b>
2009 .....	93,882.		93,882.
2008 .....	54,783.		54,783.
2007 .....	600.		600.
2006 .....	26,678.		26,678.
2005 .....			
2004 .....			
2003 .....			
2002 .....			
2001 .....			
2000 .....			
1999 .....			
1998 .....			
1997 .....			
Total new law .....	175,943.		175,943.

**OLD LAW: Three year carryback, fifteen year carryover**

<b>(A) Year NOL Incurred</b>	<b>(B) NOL Carryover Available</b>	<b>(C) Less Carrybacks/ Carryovers</b>	<b>(D) Adjusted Carryover</b>
2009 .....			
2008 .....			
2007 .....			
2006 .....			
2005 .....			
2004 .....			
2003 .....			
2002 .....			
2001 .....			
2000 .....			
1999 .....			
1998 .....			
1997 .....			
1996 .....			
1995 .....			
Total Old Law .....			

### Net Operating Loss Summary

A NOL Carryover Year	B NOL Carryover Available	C Deduction Allowed in Current Year	D Remaining Carryover New Law	E Remaining Carryover Old Law
2009 .....	93,882.		93,882.	0.
2008 .....	54,783.		54,783.	0.
2007 .....	600.		600.	0.
2006 .....	26,678.		26,678.	0.
2005 .....				
2004 .....				
2003 .....				
2002 .....				
2001 .....				
2000 .....				
1999 .....				
1998 .....				
1997 .....				
1996 .....				
1995 .....				
Totals .....	175,943.		175,943.	0.
Less: Carryover expiring due to 15-year limitation .....				
Add: Current year net operating loss .....				107,076.
Less: Carryback of current year net operating loss .....				
Net operating loss carryover to next year .....				283,019.

# New York State Corporation Information Worksheet

2010

► Keep for your records

## Part I – Identifying Information

Federal Employer Identification No. 13-4142231 File Number AA3  
Legal Name of Corporation CAFE AMORE OF N.Y. RESTAURANT INC.  
Mailing Name (if different from legal name) and Address c/o  
Trade Name/DBA   
Address 104 EAST 14TH STREET  
City NEW YORK State NY ZIP 10003  
Business Telephone Number (212) 420-8287 Extension   
Fax Number  E-mail Address

## Part II – Information Needed to Complete New York Return

### Type of Return:

- ☒ Prepare Short-Form CT-4
- ☐ Cooperative Housing Corporation  
☐ Homeowners Association
- ☐ Filing Federal Form 1120-REIT or Form 1120-RIC

### Manufacturer Status:

- ☐ Claiming manufacturer status for lower capital base tax limitation
- ☐ Claiming manufacturer status for lower ENI tax rates

## Part III – Tax Year and Filing Information

☐ Calendar year

☒ Fiscal year — Ending month 3 Date of Incorporation 04/12/00  
☐ Short year — Beginning date  State/Country of Incorporation NY  
Ending date

## Part IV – Electronic Filing Information

☐ The state return will be filed electronically

Officer's Name FRANCO LAMOTTA  
(First Name) (Mid Initial) (Last Name)

Enter the title of signing officer PRESIDENT

Enter the date return was EFiled   
Enter the date return was accepted by the state   
Enter the date Form CT-200V was given to the client

## Part V – Electronic Funds Withdrawal Information

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you want electronic funds withdrawal of state tax payment (EF Only)? If not, use CT-200-V  
**Extension** - Do you want electronic funds withdrawal of tax due (EF Only)?

If you selected electronic funds withdrawal, fill out the information below:

### Bank Information:

Name of Financial Institution (optional) ..... TD BANK  
Check the appropriate box: ..... ☒ Checking ☐ Savings  
Routing number ..... 026013673  
Account number ..... 4246241840

### Payment Information:

Check a box to indicate ownership of bank account ☐ Business Account ☐ Personal Account  
Enter the payment date to withdraw from the account above .....  
State balance-due amount paid with this return .....  
Electronic funds withdrawal amount due with **extension** information (*Electronic Filing Only*) .....  
Enter settlement date to withdraw the extension amount from the account above .....  
State balance-due amount paid with this extension Form CT-5 .....

### International ACH Transactions

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Will the funds for this payment come from an account outside the U.S.?

## Part VI – Extension Status

### Form CT-5:

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Has the tax return due date been extended? Extended due date .....

### Form CT-5.1:

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Has the tax return due date been extended? Extended due date .....

First extension will be filed electronically ..... ☐

### Filing and acceptance information (*Electronic Filing Only*)

Extension accepted ..... ☐  
Extension filing date .....  
Extension acceptance date .....

QuickZoom to Prepayments Statement .....	▶ <input type="checkbox"/>
QuickZoom to Form CT-3, pages 1 and 2 .....	▶ <input type="checkbox"/>
QuickZoom to Form CT-4, pages 1 and 2 .....	▶ <input type="checkbox"/>

# Worksheet for Estimated Payments

2010

► Keep for your records

Name CAFE AMORE OF N.Y. RESTAURANT INC.	Employer Identification No. 13-4142231
--	---

## Part I – Computation of Franchise Tax Installments from Form CT-3 or Form CT-4

### Estimated Tax Options

- A Suspend estimated tax calculations ..... ☒ X
- B 2011 estimated tax ..... \_\_\_\_\_
- C 2010 overpayment to be applied ..... \_\_\_\_\_

Rounding options:	None	<input checked="" type="checkbox"/> X
	\$10	<input type="checkbox"/>
	\$100	<input type="checkbox"/>
	\$1,000	<input type="checkbox"/>

	Due Dates	Enter Amount Already Paid	Check Next Voucher To Be Paid	Amount To Be Paid	Overpayment Applied	Net Due
*1	_____	_____	<input type="checkbox"/>	_____	_____	_____
2	_____	_____	<input checked="" type="checkbox"/> X	_____	_____	_____
3	_____	_____	<input type="checkbox"/>	_____	_____	_____
4	_____	_____	<input type="checkbox"/>	_____	_____	_____
	Totals ....	_____		_____	_____	_____

**\*Note: First installment paid with return or request for extension if tax is greater than \$1000.**

## Part II – Computation of MTA Surcharge Installments from Form CT-3M/4M

- A Suspend estimated MTA surcharge calculations ..... ☐
- B 2011 estimated tax ..... 85.
- C 2010 overpayment to be applied ..... \_\_\_\_\_

Rounding options:	None	<input checked="" type="checkbox"/> X
	\$10	<input type="checkbox"/>
	\$100	<input type="checkbox"/>
	\$1,000	<input type="checkbox"/>

	Due Dates	Enter Amount Already Paid	Check Next Voucher To Be Paid	Amount To Be Paid	Overpayment Applied	Net Due
*1	_____	_____	<input type="checkbox"/>	_____	_____	_____
2	09-15-11	_____	<input checked="" type="checkbox"/> X	29.	0.	29.
3	12-15-11	_____	<input type="checkbox"/>	28.	0.	28.
4	03-15-12	_____	<input type="checkbox"/>	28.	0.	28.
	Totals ....	_____		85.	0.	85.

**\*Note: First installment paid with return or request for extension if tax is greater than \$1000.**



CAFE AMORE OF N.Y. RESTAURANT INC. 13-4142231

CT-4, p1-2: Franchise Tax Return (Short Form)

Small Business Taxpayer Status Smart Worksheet	
A	Entire net income from line 11 (annualized for short years) ..... ▶ <u>-107,076.</u>
B	Total capital contributions from federal return ..... ▶ <u>240,000.</u>
C	Check if corporation is a member of an affiliated group? ..... ▶ <input type="checkbox"/>

CT-4, p3-4: Franchise Tax Return (Short Form)

Third-Party Designee Smart Worksheet	
<input checked="" type="checkbox"/>	Yes - Allow preparer to discuss this return with the Tax Department.
<input type="checkbox"/>	Yes - Allow another person to discuss this return with the Tax Department.
<input type="checkbox"/>	No - Do not allow another person to discuss this return with the Tax Department.

CT-3M/4M: MTA Surcharge Return

Third-Party Designee Smart Worksheet	
<input checked="" type="checkbox"/>	Yes - Allow preparer to discuss this return with the Tax Department.
<input type="checkbox"/>	Yes - Allow another person to discuss this return with the Tax Department.
<input type="checkbox"/>	No - Do not allow another person to discuss this return with the Tax Department.

Net Operating Loss Worksheet

Current NOL Smart Worksheet	
A	Check to carryforward current NOL ..... <input checked="" type="checkbox"/>

## GENERAL CORPORATION TAX RETURN

2010

NYC  
FinanceNYC  
4S

For CALENDAR YEAR 2010 or FISCAL YEAR beginning 04-01 2010 and ending 03-31-2011

Check box if you are filing a  
52-53-week taxable yearAmended  
return

Final return

Check box if the corporation has ceased operations.

Special short period return  
(see instructions)

Check box if a pro-forma federal return is attached

Check box if you claim any 9/11/01-related fed tax benefits (see inst)

## Print or Type:

Name <b>CAFE AMORE OF N.Y. RESTAURANT INC.</b>			Taxpayer's Email Address:	
Address (number and street) <b>104 EAST 14TH STREET</b>			EMPLOYER IDENTIFICATION NUMBER <b>13-4142231</b>	
City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10003</b>	BUSINESS CODE NUMBER AS PER FEDERAL RETURN <b>722210</b>	
Business Telephone Number <b>212-420-8287</b>	Date business began in NYC <b>04-12-2000</b>	Date business ended in NYC		

<b>SCHEDULE A</b>		<b>Computation of Tax</b>		BEGIN WITH SCHS B - E ON PAGE 2. TRANSFER APPLICABLE AMOUNTS TO SCH A.		Payment Enclosed	
<b>A Payment</b>		Pay amount shown on line 15 — Make check payable to: <i>NYC Department of Finance</i>					
1	Net income (from Schedule B, line 8)	1.	-107076	x .0885	1.	0	
2a	Total capital (from Schedule C, line 7) (see instructions)	2a.	61711	x .0015	2a.	93	
2b	Total capital — Cooperative Housing Corps (see instructions)	2b.		x .0004	2b.		
2c	Cooperatives — enter:	<input checked="" type="radio"/> BORO <input type="radio"/> BLOCK <input type="radio"/> LOT					
3a	Compensation of stockholders (from Schedule D, line 1)	3a.	37700				
3b	Alternative tax (see instructions)	3b.					
4	Minimum tax (see instructions) — NYC Gross Receipts:	4.					
5	Tax (line 1, 2a, 2b, 3b or 4, whichever is largest)	5.				93	
6	First installment of estimated tax for period following that covered by this return:						
a	If application for extension has been filed, enter amount from line 2 of Form NYC-EXT	6a.					
b	If application for extension has not been filed and line 5 exceeds \$1,000, enter 25% of line 5 (see instructions)	6b.					
7	Total before prepayments (add lines 5 and 6a or 6b)	7.				93	
8	Prepayments (from Prepayments Schedule, line F) (see instructions)	8.				256	
9	Balance due (line 7 less line 8)	9.					
10	Overpayment (line 8 less line 7)	10.				163	
11a	Interest (see instructions)	11a.					
11b	Additional charges (see instructions)	11b.					
11c	Penalty for underpayment of estimated tax (attach Form NYC-222)	11c.				0	
12	Total of lines 11a, 11b and 11c	12.				0	
13	Net overpayment (line 10 less line 12)	13.				163	
14	Amount of line 13 to be:						
	(a) Refunded	14a.					
	(b) Credited to 2011 estimated tax	14b.				163	
15	TOTAL REMITTANCE DUE (see instructions) Enter payment amount on line A above	15.					
16	NYC rent deducted on federal return (see instr.) THIS LINE MUST BE COMPLETED	16.	303756				
17	Federal return filed:	<input checked="" type="radio"/> 1120 <input type="radio"/> 1120C <input type="radio"/> 1120S <input type="radio"/> 1120F <input type="radio"/> 1120H					
18	Gross receipts or sales from federal return	18.				707229	
19	Total assets from federal return	19.				241083	

## CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

SIGN HERE	I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge & belief, true, correct & complete.				Firm's Email Address:
	I authorize the Department of Finance to discuss this return with the preparer listed below. (see instructions) .. YES <input checked="" type="checkbox"/> X				
PREPARER'S USE ONLY	Officer's signature	Title	PRESIDENT		Date
	Preparer's signature	Preparer's printed name	JOSEPH DEPIET		Check <input checked="" type="checkbox"/> if self-employed
	DEPIETTO CPA PC		Date	08-01-11	Preparer's SSN or PTIN
	1981 MARCUS AVE STE C114				Firm's Employer ID No.
	NEW HYDE PARK		NY	11042-1032	<input checked="" type="radio"/> P00234722 <input checked="" type="radio"/> 11-3045092
	▲ Firm's name (or yours, if self-employed)		▲ Address	▲ Zip Code	

Make remittance payable to the order of: NYC DEPARTMENT OF FINANCE. Payment must be made in U.S. dollars, drawn on a U.S. bank.

Attach copy of all pages of your federal tax return or pro forma federal tax return.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return and remittance.

**SCHEDULE B Computation of NYC Taxable Net Income**

1	Federal taxable income before net operating loss deduction and special deductions (see instructions)	1.	-107576
2	Interest on federal, state, municipal and other obligations not included in line 1	2.	
3a	NYS Franchise Tax and other income taxes, including MTA taxes, deducted on federal return (attach rider) (see instr.)	3a.	500
3b	NYC General Corporation Tax deducted on federal return (see instructions)	3b.	
4	ACRS depreciation and/or adjustment (attach Form NYC-399 and/or NYC-399Z) (see instructions)	4.	
5	Total (sum of lines 1 through 4)	5.	-107076
6a	New York City net operating loss deduction (attach rider) (see instructions)	6a.	
6b	Depreciation and/or adjustment calculated under pre-ACRS or pre-9/11/01 rules (attach Form NYC-399 and/or NYC-399Z) (see instructions)	6b.	
6c	NYC and NYS tax refunds included in Schedule B, line 1 (see instructions)	6c.	
7	Total (sum of lines 6a through 6c)	7.	
8	Taxable net income (line 5 less line 7) (enter on page 1, Schedule A, line 1) (see instructions)	8.	-107076

**SCHEDULE C Total Capital**

Basis used to determine average value in column C. Check one. (Attach detailed schedule)

☒ — Annually    ☐ — Semi-annually    ☐ — Quarterly  
☐ — Monthly    ☐ — Weekly    ☐ — Daily

		COLUMN A Beginning of Year	COLUMN B End of Year	COLUMN C Average Value
1	Total assets from federal return	260556	241083	250820
2	Real property and marketable securities included in line 1			
3	Subtract line 2 from line 1			250820
4	Real property and marketable securities at fair market value			
5	Adjusted total assets (add lines 3 and 4)			250820
6	Total liabilities (see instructions)	145057	233160	189109
7	Total capital (column C, line 5 less column C, line 6) (enter on page 1, Schedule A, line 2a or 2b) (see Instructions)			61711

**SCHEDULE D Certain Stockholders**

Include all stockholders owning in excess of 5% of taxpayer's issued capital stock who received any compensation, including commissions.

Name and Address Give actual residence (Attach rider if necessary)	Social Security Number	Official Title	Salary and All Other Compensation Received from Corporation (if none, enter '0')
FRANCO LAMOTTA	111-68-1525	PRESIDENT	37700
1	Total, including any amount on rider (enter on page 1, Schedule A, line 3a)		37700

**SCHEDULE E The following information must be entered for this return to be complete.**

- 1 New York City principal business activity: RETAIL
- 2 Does the corporation have an interest in real property located in New York City? (see instructions) • YES ☐ NO ☒
- 3 If 'YES': a Attach a schedule of such property, including street address, borough, block and lot number.

- b Was a controlling economic interest in this corporation (i.e. 50% or more of stock ownership) transferred during the tax year? • YES ☐ NO ☒
- 4 Does the corporation have one or more qualified subchapter s subsidiaries (QSSS)? • YES ☐ NO ☒
- If 'YES' Attach a schedule showing the name, address and EIN, if any, of each QSSS and indicate whether the QSSS filed or was required to file a City business income tax return. See instructions.

- 5 If a federal return was filed on Form 1120S, enter the number of Fed K1 returns attached: \_\_\_\_\_

**COMPOSITION OF PREPAYMENTS SCHEDULE**

PREPAYMENTS CLAIMED ON SCHEDULE A, LINE 8	DATE	AMOUNT
A Mandatory first installment paid with preceding year's tax		0
B Payment with Declaration, Form NYC-400 (1)		
C Payment with Notice of Estimated Tax Due (2)		
Payment with Notice of Estimated Tax Due (3)		
D Payment with extension, Form NYC-EXT		
E Overpayment from preceding year credited to this year		256
F TOTAL of A, B, C, D, E (enter on Schedule A, line 8)		256

MAILING INSTRUCTIONS:	RETURNS WITH REMITTANCES NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX PO BOX 5040 KINGSTON, NY 12402-5040	RETURNS CLAIMING REFUNDS NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX PO BOX 5050 KINGSTON, NY 12402-5050	ALL OTHER RETURNS NYC DEPARTMENT OF FINANCE GENERAL CORPORATION TAX PO BOX 5060 KINGSTON, NY 12402-5060
-----------------------	--	--	---

The due date for the calendar year 2010 return is on or before March 15, 2011.  
For fiscal years beginning in 2010, File on the 15th day of the third month after the close of fiscal year.

NYC 3L Sch B Ln 11  
NYC 4S Sch B Ln 6A  
NYC 4S EZ Sch B2 Ln 4

**Net Operating Loss Deduction**  
► Keep for your records

**2010**

**Statement 1**

Name

CAFE AMORE OF N.Y. RESTAURANT INC.

Employer Identification Number

13-4142231

**2, 3, 4, and 5 year carryback, twenty year carryover**

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
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2004 .....			
2003 .....			
2002 .....			
2001 .....			
2000 .....			
1999 .....			
1998 .....			
1997 .....			
Total new law .....	175,943.		175,943.

**OLD LAW: Three year carryback, fifteen year carryover**

(A) Year NOL Incurred	(B) NOL Carryover Available	(C) Less Carrybacks/ Carryovers	(D) Adjusted Carryover
2009 .....			
2008 .....			
2007 .....			
2006 .....			
2005 .....			
2004 .....			
2003 .....			
2002 .....			
2001 .....			
2000 .....			
1999 .....			
1998 .....			
1997 .....			
1996 .....			
1995 .....			
Total Old Law .....			

CAFE AMORE OF N.Y. RESTAURANT INC.

13-4142231

**Net Operating Loss Summary**

(A)	(B)	(C)	(D)	(E)
Year NOL Incurred	NOL Carryover Available	Deduction Allowed in Current Yr	Remaining Carryover New Law	Remaining Carryover Old Law
2009 .....	93,882.		93,882.	0.
2008 .....	54,783.		54,783.	0.
2007 .....	600.		600.	0.
2006 .....	26,678.		26,678.	0.
2005 .....				
2004 .....				
2003 .....				
2002 .....				
2001 .....				
2000 .....				
1999 .....				
1998 .....				
1997 .....				
1996 .....				
1995 .....				
Total .....	175,943.		175,943.	0.
Less: Carryover expiring due to 15-year limitation .....				
Add: Current year net operating loss .....				107,076.
Less: Carryback of current year net operating loss .....				
Net operating loss carryover to next year .....				283,019.

# New York City Corporation Information Worksheet

2010

► Keep for your records

## Part I – Identifying Information

Employer Identification Number ..... 13-4142231  
 Name ..... CAFE AMORE OF N.Y. RESTAURANT INC.  
 Address ..... 104 EAST 14TH STREET  
 City ..... NEW YORK State ... NY ZIP Code ... 10003  
 Business Telephone Number ..... (212) 420-8287 Extension .....  
 Fax Number ..... E-mail Address .....

## Part II – Information Needed to Complete New York City Return

- ☒ Check box to prepare short-form return (Form NYC-4S)  
☐ Check box to prepare short-form return (Form NYC-4S-EZ) **Note:** Gross Income must be under \$250,000 to file Form NYC-4S-EZ. See form instructions for further requirements.  
☐ Check box if Eligible Small Firm. See government instructions for requirements  
☐ If above box is checked, check here to compute tax based on NY State Entire Net Income (must be a C Corporation. See government instructions for Schedule A) This box may only apply to Form NYC-3L or NYC-4S-EZ  
☐ Check box if Federal return filed is Form 1120-RIC  
☐ Check box if Federal return filed is Form 1120-REIT  
☐ Check box if Federal return filed is Form 1120C  
☐ Check box if Federal return filed is Form 1120H

## Part III – Tax Year Information

☐ Calendar year  
☒ Fiscal year — Ending month ..... 3 Date of Incorporation ..... 04/12/00  
☐ Short year — Beginning date ..... Ending date .....  
 State/Country of Incorporation ..... NY

## Part IV – 2010 New York City Estimated General Corporation Tax Payments

Amount of <b>2009</b> overpayment credited to <b>2010</b> estimated tax .....			<u>256.</u>	
Voucher Number	Due Date	Date Paid	Amount Paid	
First Quarter Payment* .....	<u>06/15/10</u>	<u>06/15/10</u>	<u>0.</u>	
Second Quarter Payment .....	<u>09/15/10</u>			
Third Quarter Payment .....	<u>12/15/10</u>			
Fourth Quarter Payment .....	<u>03/15/11</u>			
Additional Payment 1				
Additional Payment 2				
Additional Payment 3				
Additional Payment 4				

\* Paid with tax report or request for extension.

## Part V – Electronic Filing Information

### Electronic Filing:

☐ The city return will be filed electronically

Date return was EFiled .....  
 Date return was accepted by the city .....

### Information Required for Electronic Filing:

Enter the name of the signing officer ..... FRANCO ..... LAMOTTA  
 (First Name) (Mid Initial) (Last Name)  
 Enter the title of the signing officer ..... PRESIDENT

## Part VI -- Electronic Funds Withdrawal Information

Yes No

☐ ☐ Return - Do you want to use electronic funds withdrawal of city balance due (EF Only)?

☐ ☐ **Extension** - Do you want electronic funds withdrawal of balance due (EF Only)?

**Bank Information:**

Name of Financial Institution (optional) ..... TD BANK  
Check the appropriate box:  
Checking ..... ☒ ..... Routing number ..... 026013673  
Savings ..... ☐ ..... Account number .... 4246241840

**Payment Information** (Electronic Filing Only)

Electronic funds withdrawal amount due with **return** information:

Check a box to indicate ownership of bank account ..... ☐ Business Account ☐ Personal Account  
Enter the payment date to withdraw from the account above .....  
City balance-due amount from this return .....  
Enter an amount to withdraw from the account above .....  
If partial payment is made, the remaining balance due .....

Electronic funds withdrawal amount due with **extension** information:

Enter settlement date to withdraw the extension amount from the account above .....  
City balance-due amount paid with this extension Form NYC-EXT .....

**International ACH Transactions**

Yes No

☐ ☐ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VII – Extension Status**

**Electronic Filing of Extension:**

**Form NYC-EXT:**

☐ City Extension will be filed electronically. (Electronic Filing Only)

**Form NYC-EXT:**

Yes No

☐ ☒ Has the tax return due date been extended? Extended due date .....  
The extension has been accepted  Date Extension accepted .....

**Form NYC-EXT.1:**

Yes No

☐ ☒ Has the city tax return due date been extended?

Extended due date .....

<b>QuickZoom</b> to Form NYC-3L, page 1 and 2 .....	▶ 
<b>QuickZoom</b> to Form NYC-4S, page 1 and 2 .....	▶ 
<b>QuickZoom</b> to Form NYC-4S EZ .....	▶ 

CAFE AMORE OF N.Y. RESTAURANT INC. 13-4142231

NYC-4S,1-2: General Corp Tax Return (Short Form)

Alternative Tax Smart Worksheet			
1	Net income/loss (Schedule A, line 1)	1	\$ -107076
2	Compensation:		
	Enter 100% of certain stockholders' salaries and compensation	2	\$ 37700
3	Total (line 1 plus line 2)	3	\$ -69376
4	Statutory exclusion — Enter \$40,000 for taxable years beginning after 6/30/98. (If return does not cover an entire year, exclusion must be prorated based on the period covered by the return)	4	\$ 40000
5	Net amount (line 3 minus line 4)	5	\$ 0
6	15% of net amount (line 5 times 15%)	6	\$ 0
7	Tax rate	7	8.85% (.0885)
8	Alternative tax (line 6 times line 7) Transfer amount to page 1, Schedule A, line 3b	8	\$ 0

Net Operating Loss Worksheet

Current NOL Smart Worksheet	
A Check to carryforward current NOL	<input checked="" type="checkbox"/>